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FEC MAIL CENTER

FEC  
FORM 1STATEMENT OF  
ORGANIZATION

Office Use Only

1. NAME OF  
COMMITTEE (in full)☐(Check if name  
is changed)Example: If typing, type  
over the lines.

12FE4M5

G a r r y J o h n s o n 2 0 1 2 , I n c .

ADDRESS (number and street)

c / o 1 6 0 1 B l a k e S t r e e t

☐(Check if address  
is changed)

S u i t e 3 1 0

D e n v e r C O 8 0 2 0 2 -

CITY

STATE

ZIP CODE

COMMITTEE'S E-MAIL ADDRESS (Please provide only one e-mail address)

☐(Check if address  
is changed)

E l i z a b e t h @ G a r r y J o h n s o n 2 0 1 2 . c o m

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐(Check if address  
is changed)

w w w . G a r r y J o h n s o n 2 0 1 2 . c o m

2. DATE

0 4

2 1

2 0 1 1

3. FEC IDENTIFICATION NUMBER

C

4. IS THIS STATEMENT

☒

NEW (N)

OR

☐

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Elizabeth Otten Hepworth

Signature of Treasurer

Elizabeth Otten Hepworth

Date

0 4

2 1

2 0 1 1

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.




ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.




Office  
Use  
OnlyFor further information contact:  
Federal Election Commission  
Toll Free 800-424-9530  
Local 202-694-1100FEC FORM 1  
(Revised 02/2009)




11030600538






**Candidate Committee:**

1.  FEC ID number  

2.  FEC ID number  

3.  FEC ID number  

4.  FEC ID number  



Write or Type Committee Name

Gary Johnson 2012, Inc.

## 6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

Mailing Address

CITY

STATE

ZIP CODE

Relationship: ☐ Connected Organization ☐ Affiliated Committee ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

## 7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number

## 8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name  
of Treasurer

Mailing Address

Title or Position

CITY

STATE

ZIP CODE

Telephone number



Full Name of  
Designated  
Agent

C, h, e, t, G, o, o, d, w, i, n,

Mailing Address

2, 8, 0, S, o, u, t, h, 4, 0, 0, W, e, s, t,

S, u, i, t, e, 2, 2, 0,

S, a, l, t, L, a, k, e, C, i, t, y, U, T, 8, 4, 1, 0, 1, -

CITY

STATE

ZIP CODE

Title or Position

A, s, s, t, T, r, e, a, s, u, r, e, r,

Telephone number

8, 0, 1, - 3, 6, 3, - 3, 4, 0, 0,

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Z, i, o, n, 's, N, a, t, i, o, n, a, l, B, a, n, k,

Mailing Address

4, 5, 5, E, a, s, t, S, o, u, t, h, T, e, m, p, l, e,

S, a, l, t, L, a, k, e, C, i, t, y, U, T, 8, 4, 1, 1, 1, -

CITY

STATE

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE


ZIP CODE

16508880591



Federal Election Commission  
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

  
PREPARER  
(3/2005)

*4/22/11*  
DATE PREPARED

11030600592